الرواد الله الله الله الله الله الله الله ال			
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG			ORM DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	1 1 ( Z) ( <del>/ )</del>	CATH	Wisithsalosopera
Wapello County Democratic (	entra (ppm//k		Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:		<b>,</b>	10EC 31 AM 8: 34
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C (8) Support Slate of Candidates		Aud	lited
CANDIDATE COMMITTEES ONLY:			
Candidate Name	Political Party	LINA	CEADABLE
Office Sought	District (if Senate or House	) PO	CEADABLE STMARK
		·	
Carolee Kern	641-684-82	35	1-1-09
SIGNATURE OF TREASURER (or person filing this report)	TÉLEPHÓNE		DATE SIGNED
Routine Penalties Due For Late	Filed Reports Range t	rom \$20	to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE			***
			NON ELECTION VEAD
I AM FILING A January 19, 2009			Time I
(report date)		dicate one	
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss		County & Lo which Electi	ocal Committees, enter County in ion is held
STATEMENT STATEMENT	OF CASH ON HAND		and the second s
cash on hand at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fire.)	the cash on hand at the end	1	4/09.13
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind below	·)	325/54
Schedule F: Loans Received total (Attach Schedule F	)		0
Schedule H: Total Sales of Campaign Property (Attack	n Schedule H)		<i>O</i>
(Schedule H applies to Candidates' Comm	ttees Only)		
	SUB-TOT	AL\$	7360.67
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•	7560.67
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans b	elow)	3871,41
Schedule F: Loan Repayments total (Attach Schedule			
CASH ON HAND at the end of this reporting period (if final repo	·	-	
be zero) (Attach DR-3)		\$ _	3489.26
**UNPAID BILLS (From Schedule D - Attach Schedule D)		¢	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule		-	
	•		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	: r)		<u> </u>
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?)			LYES L NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	h Schedule H)	\$	

#### For Instructions, See Back of Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
Dapello County Democratic Central Committee	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP. TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
October	ID#	Kathy States.		\$	INCOME
119	CK#	Ottumwe form 52501		16.50	
	ID#	Margaret Maharkey			
» <i>t</i>	CK#	Margaret Mahaskey 1316 & Mary Trir 58 Ottumwa Jones 52501		16.50	
	ID#				
11	CK#	Carolyn Anderson 510 Appa noose Ottumus lewa 52501		16.50	
	ID#	LOUIS Schaler			
"	CK#	1728. Alta Vista Ottymus Sawa 52501		49.50	
	ID#	Kay Kooman			
, '	CK#	262 Carter OTTUMBR De Wa 52501		16.50	
· · · · · · · · · · · · · · · · · · ·	ID#	T. 12 a Hans			
) l	CK#	Joyce Hass 10537-9045t Ottomus, Anna, 52501		33.00	
·	ID#	Georgiana Shaw			
11	CK#	1205 & 2nd. 0174mma Som 52501		33.00	
October	ID#	Miskwaki Casino			
21	CK#	1504 3050 Street		552.00	1
2008	154	Toms, Jan 52339			
November 7	CK#	Labors Local Upion 566 Local 566 Pag Fund		400.00	
2008	1025	13058. May Suite A OfTumber, Sown 52601			
	ID#	Towa Democratic Party			
"	CK#	5661 Fleur Drive		173.55	
		Den Mainen, Lewer 50321	SUB-TOTAL		

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

MONETARY

RECEIPTS

# For Instructions, See Back of Form

# CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHECK THIS BOX AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
October 17 2008	ID#	Unitemized. Receipt		\$627.00	i i
	ID# CK#	Unitemized Receipã		5.75	• .
,,	ID# CK#	Mark Goung Hol Mc Carroll Drive Ottym wa Lowa 52501		20.00	
11	ID# CK#	Juyce Hass 10537-9056 Ollumur Jours 52501		20.00	~
11	ID# CK#	Sally Steffen 318 Bonila Ottumua, Jowa 52501		20-00	
ι (	ID#	Mary Gaskill 509 E. 4th OTTUMBER, Sown 52501		20.00	-
,	ID# CK#	Jody Bresch 417 N. Sheridan OTTUMNE, Dome, 52501		20.00	_
1.	ID#	Marion Schultz 76 Schwatz Drive Oftunua Pono 52501	•	30.00	
į (	ID# CK#	Naomi Poncy 653 N. Court Ottumus, Inue 52501		44.25	
; 1	ID# CK#	Helen Epperson 1221 E. 2nd OTTumua Sewa 52501		16.50	
			SUB-TOTAL	0-0-	1

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

#### For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

Reset Form

**SCHEDULE** (Rev. 06/97)

MONETARY **RECEIPTS** 

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
Novembu	ID#	Unitemized		e 10	
7 2008	CK#	Receipto		\$50.00	
	ID#	Jane Glenn			
′ '	CK#	0ttumus, Sour 52501		20.00	4
	ID#	Ollinura, Colità 32301			
ι·	CK#	Dan Gullion 619 Chatu Ottumwa Lana 52501		40.00	-
	ID#				
"	CK#	Mark Young Hol McCanoll Dr. OTTHMUN, James 52501		30.00	4
	ID#	Jane Garr			
• (	CK#	141 S. Ransom OTTUMWA, Jawa 52501		20-00	나
	ID#	JoAnne Bresch			
11	CK#	417 N. Sheridan		20.00	
-	ID#	Ottumisa Jana 52501			
1 <b>1 2</b> 3	CK#	Steven Siegel 411 N. Court		20.00	4
	ID#	OTTumus Jawa 52501			
* (	CK#	Naom. Poncy 653 V. Court OTTHMUN, Jamas 52501		20.00	
	ID#				
, ,	CK#	James Bailey 514 Fahrneys Ottomus. Down 52501		20.00	
	ID#	Culmon, Loca Sager			
/ >	CK#	Nancy & manyel 2/Birchwood Hgts Drive		20,00	
·		Ottura we Dave 52 501	SUB-TOTAL	260 7 1	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

### . For Instructions, See Back of Form

### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

(Warpello County Democratic Central Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS	
_	CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
November 7	ID#	Donald Shapper 416 Cory Drive		\$ 2000	~
L 000	ID# CK#	Kevin Kally 314 Farrington St.		20.00	<u>~</u>
, ,	ID# CK#	Roberta Roth Neff 1232 N. Fellows		20-00	
1.	ID# CK#	Unitemized  Receipto		174.00	
December 10	ID# CK#	Elaine Ora 186 Conte	,	26.99	<u></u>
200 P	ID# CK#	OTTUMBLE Soma, 5250/			
	ID#				
	ID#				
	ID#				
	CK#				
	CK#				

SUB-TOTAL

s860.99

TOTAL (if last page of this schedule)

3251.54

Page \_\_\_\_\_\_ of \_\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES		
☐ CHECK THIS BOX IF			

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)				
Wap	ello County	Democratic Central	Committee	
5475	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED	ID NUMBER (if applicable)	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(MM/DD/YR)	AND PAC	(Disbursement) WAS WADE		
	CHECK			
,	NUMBER			
Novemb	<b>4</b> 10#	Ken Steffen	rent on	
/	CK#	226 W. Main	Headquarters	\$480.00
2008		Otto mus Lana 52501	Treation of	100.00
	ID#			
10	01/4	The Dandy Dollar	political Ad	1521.00
	CK#	Ottomus Jan 52501	· ·	1521.00
	ID#	0114mina Jahr 32501	1/	<del> </del>
Vovembe	٠ ا <sup>١٥</sup>	Knights a/ Columbust	all Rent for	
2	CK#	123 Wort Third Street	710111	100.00
2008		OTTAMUND WASASOI	Victory Party	
Novemb +	ı ID#	Hy- Vee Food Store	, v	
4	CK#	2453 V. Court	Food for	000 111
2008	CN#		victory party	383.46
	ID#	OTTUMNE Sama 5250		
Novembe	1	Hy- Ver Food Store	Good Gor	
3.5	CK#	2453 N. Court	victory party	105.90
2018		OTTUBUR Source 52501	5,5,5,7 p	
NOO.	ID#	The Olamus Couri	4 + 1 /	
6	CK#	213 E. Secont	Political	10000
2008		OTTUMWW In wa 52501	potiticals AD	1050.00
NOU	ID#			
		Tricia Kengloncy	Raffle	1
7	CK#	653 N. Court	, Winner	100.00
2008	ID#	Ottimum Sowa 5250,	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
I	10#	Paul Madson	Ralle	
	CK#	16 Carter Comt	Roffle Winner	100.00
		ا م ما	winn	

TOTAL (if last page of this schedule)

SUB-TOTAL

<u>\*3840,4</u> \$

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	/	of	2

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (Must be same as on Statement of Organization)				
Wapello County Democratic Central Committee				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Novembre	ID#	Robert Beisch 2062 Great Oak Drive Ottumner, James 525	3 storage bins	
7 2008	CK#	Other mun Vous 525		\$16.05
16	ID#	Good Samaritan Soci	ety 1	
	CK#	Good Samaritan Soci 220 N. Court Ottomus Love 52501	Lyle Kirken al. 11	15.00
	ID#		1 1 1 1 1 1 1 1 1	
	CK#			
	ID#			
**.	CK#		**.	
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$31.05
			TOTAL (if last page of this schedule)	

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)